

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: The Trustees of Davidson College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Davidson College

Address of Service Provider: 201 N. Main Street, Davidson, North Carolina 28036

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** John A. Casey

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Davidson College, 213 N. Main Street, Davidson, NC 28036

Telephone Number of Designated Agent: 704-894-2407

Facsimile Number of Designated Agent: 704-894-2069

Email Address of Designated Agent: jocasey@davidson.edu

S: _____ Representative of the Designating Service Provider:

Date: Nov. 7, 2000

Printed Name and Title: John A. Casey, Executive Director of Information Technology

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

**DEC 04 2000
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